DUCKED OF DEATH  OUT AND DEAD OF THE PROPERTY		nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	507
Willage or City  Willage or City  Willage or City  Willage or City  Langth of residence in city speed what death speared with the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speed what death speared with the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speed what death speared with the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speed what death speared with the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speed what death speared with the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speak what speakers with the content in the content in a hospital or institution, give in NAME interest of streets and number)  Langth of residence in city speakers with the content in the content in a hospital or institution, give city with the property of the vote of the content in the chot states of importance were strongly and property of the content in the chot states of importance were strongly and property of the property of the content in the chot states of importance were strongly and property of the property of t	ER		1. PLACE OF DEATH	93-0	101
Willage or City Willage or Cit	MI	of CC PI	County - stillent.	Registration Dist. No. 5 (	
Length of residence in city or com wharp death and arred.  15		shot o		No.	Ward
2. FULL NAME  (a) Residence: No.  (b) Collaber of Solds  (c) Residence: No.  (c) Collaber of Solds  (d) Residence: No.  (d) Re			Length of social constant in the second const	death occurred in a hospital or institution, give its NAME instead of street and number	ber)
(a) Residence: No.  (but place of Abods)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  1. SINGLE, MARRIED, WIDEWED, OR DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  3. SET 4. COLOR OR RAPE 1. SINGLE, MARRIED, WIDEWED, OR DAYLOG Country of Clovy)  (fromit) Country  1. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  3. SET 4. COLOR OR RAPE 1. SINGLE, MARRIED, WIDEWED, OR DAYLOG Country  (fromit) Country  (fromit		A N.	Length of residence in city or nown where death occurredyrsmos	How long in U.S. If of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  2. BATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL CE		tem LE	2. FULL NAME PULLY - Winn	ger	.,/
DUIDUNG AND SHAPE STRING AND SHAPE STRIN		YSI	(a) Residence: No.		
BUNDAND  TITLE STATE OF SIRTH (month, day, end year)  See H. married, widowork of divorced  See H. married, widowork of death is altered to be a seed of the state above, at J. Married, and the widowork of a see and select causes of importance  See H. Married, M. M. D.  See H. Married, Married, Married, M. M. D.  See H.		CO PH ret	PERSONAL AND STATISTICAL PARTICULARS		6
BUNDAND  See H. married, widowyd: 30 divorced  (Wonth)  (Bay)  (Wonth)  (Bay)  (Wonth)  (Bay)  (Wonth)  (Bay)  (Wonth)  (Wonth)  (Wonth)  (Bay)  (Wonth)  (Wonth)  (Wonth)  (Bay)  (Wonth)  (Wonth)  (Wonth)  (Wonth)  (Bay)  (Wonth)  (Day)  (Wonth)		EX.	3. SEX 4. COLOR OR RAFE 5. SINGLE, MARRIED, WIDOWED,		
NAME OF STREET CONTROL OF STREET (CITY or town)  (State or country)  1. Informant  1.		H	ternal white OR DINGREED (write the word)	March 27,19	34
NAME OF STREET CONTROL OF STREET (CITY or town)  (State or country)  1. Informant  1.	NG	VE.	5e. If married, widowed, of divorced	(Month) (Day)	(Year)
The principle of the date stated above, at. A. T.	DI	IAN A C Issi	(or) WIFE of Jas - Cormi ser	22. 1 HEREBY CERTIFY. That I attended dece	ased from
The principle of the date stated above, at. A. T.	Z	-	marel 1 189A	19 to 1 de 12	19_/_
AND HELD AND		PE I F		Trast saw in 30 - ; de	ath Is said
AND HELD AND	OR	A atec	29 11 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
HIDDANN (Stete or country)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Labray  19. UNDERTAKER  1	F	st st pr	S C Trade and a second	were as follows:	te of onset
HIDDANN (Stete or country)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Labray  19. UNDERTAKER  1	ED		SAWYER, BOOKKEEPER, etc	10:11	
HIDDANN (Stete or country)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Labray  19. UNDERTAKER  1	2	uld nay ack	9. Industry or business in which work was done, as SILK MILL,	arthretis 1	5 ym
HIDDANN (Stete or country)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Labray  19. UNDERTAKER  1	百		SAW MILL, BANK, etc	0	
Name of operation.    12. BIRTHPLACE (city or town)	ESS	o t a	Shaut in this		
Name of operation.  Date of.  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  It was die to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  To was there an au'opsy?  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an au'opsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  20. FILED  19. UNDERTAKER  (Address)  18. So, specify  (Signed)  (Signed)  (Address)  Manner  Man		AC AC th cion	201	Other Contributory Causes of Importence:	
Name of operation.  Date of.  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  It was die to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  To was there an au'opsy?  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an au'opsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  20. FILED  19. UNDERTAKER  (Address)  18. So, specify  (Signed)  (Signed)  (Address)  Manner  Man	Z	ADI d. s, se		Musica de Tra Chiand	2-3/20
Name of operation.  Date of.  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  It was die to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  To was there an au'opsy?  Accident, suicide, or homicide? Date of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an au'opsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  20. FILED  19. UNDERTAKER  (Address)  18. So, specify  (Signed)  (Signed)  (Address)  Manner  Man	RG	VF/	13. NAME / Cummer Wast-	D'antia	ma
What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  Was there an au'opsy?  Was there	A	Date	14 BIRTHPLACE (city or town)	Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place La true  Date  19. UNDERTAKER  (Addless)  19. UNDERTAKER  (Addless)  19. UNDERTAKER  (Addless)  19. UNDERTAKER  (Address)		T -= 10	(State or country)		ev?
Accident, suicide, or homicide?  Date of Injury		WI full n p	15. MAIDEN NAME May Marque		3)1
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Labrury  Date  Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Addre		Y, are H i	6 16. BIRTHPLACE (city or town)		. 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Lastrum Date Date 19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		NE Se C	S (State or country)	Where did injury occur?	
Place Clastery Date 73, 4  Nature of injury  19. UNDERTAKER 10. A. Harberts of San (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify — (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Place Clastery Date 73, 4  Nature of injury  19. UNDERTAKER 10. A. Harberts of San (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify — (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		nou Ver			
(Address) Metaral, Mr			7/22 34		
(Address) Metaral, Mr		TE I	0 2 7 1 1		
vi zi (T) 20. FILED 3/2 , 19 34 . M. Quef (Signed) Druge ge i M. D. Registrar. (Address) France Firstength Mr. D.	.1	CA	19. UNDERTAKER		
Registrar. (Address) June Turkungt	Z	B	3/20- 5/ 00/	The same and the same	
	>	z (T)			P TK
		0.			

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 R 4 100 A			
Other contributory causes of importance: V.	L.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA	N
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1. PLACE OF DEATH	23
County Carley	Registration Dist. No. 5/
Village or City Alalsely	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Vate B	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAMES CAMBLE OSCILLE	cles.
(a) Residence: No. Alology (Usus Macc of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male 10. OR DIVORCED (write the word)	March 27 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Mustle Buckley	22.   HEREBY CERTIFY. Thet I attended deceased from
1 0 1/ 100=	March 13, 1934, to March 27, 1934
6. DATE OF BIRTH (month, day, and year) July 16, 1885	I last saw h Mu alive on March 1934, death is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at
78   // Italy,mis.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Culturary Luberculous 1932?
kind of work dona, as SPINNER, Januer	Luberculpus Municipatio March 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Interculous menioria March 20, 1934
Data deceased last worked at 11. Total time (years)	-
this occupation (month and 1933 spent in this 354	
12. BIRTHPLACE (city or town) Calary Co	Other Contributory Canses of importance:
(State or country)	
13. NAME Unale Buckley	
14. BIRTHPLACE (city or town) Calvert &	Name of operation Date of
(Stata or country)	1/0
15. MAIDEN NAME Newilta Monniell	What test confirmed diagnosis?
15. MAIDEN NAME HENVILLE MOUNTER  16. BIRTHPLACE (city or town) Calvert Company	Accident, suicide, or homicide? Data of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT PLANTING GOST	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Gaid-Card	Specific management in the botter, in nome, or in robert FEAGE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place 11 11 Date 7 9 , 19 7	Nature of Injury
19. UNDERTAKER Harfy Hutchen	24. Was diseasa or injury In any way related to occupation of deceased? ##
(Address) Owfrage his	If so, specify
20. FILED 3/28 19 34 N. N. Suca	(Signed) M. D.
Zo. FileD	(Address) Andre Frederick

If more blanks are needed, address hate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	<u> </u>				
County Calvert	Registration Dist. No. 5/				
Village or City Lusby	NoSt., Ward				
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs				
2. FULL NAME Steel form Che C					
	O. W. A				
(a) Residence: No. (Visual place of abode)	St., Ward.  If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3/4 , 193 4				
5a. If married, widowed, or divorced	(Month) / (Day) (Year)				
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That I attended deceased from				
5. DATE OF BIRTH (month, day, and year) 3/4/34	I last saw h ; death is sale				
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the date stated above, at				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of onset				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Carana San				
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Dther Contributory Causes of Importance:				
13. NAME John Chew					
14. BIRTHPLACT (city or town)	Name of operation Date of				
	What test confirmed diagnosis? Was there an au'opsy?				
15. MAIDEN NAME Natice Chers	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?				
7. INFORMANT DE MARCHANICA (Address)	Where did injury occur?				
18. BURIAL, CREMATION, OR REMOVAL Place  Date  1934	Manner of injury				
19. UNDERTAKER John Ches	24. Was disease or injury in any way related to occupation of deceased?				
(Address) Straby 12.	If so, specify (Signed)				
Heistrar.  If more blanks are needed, address State Registrar.	2412 N. Charles Street, Balismore, Requesting V. S. No. 1.				
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V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
The state of the s		or uniforcance were as rollows.	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage J	July 5,1927	Peritonitis	3 days ago
APIS 4 1974			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones M	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	N
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1. PLACE OF DEATH	108
County Carlvert	Registration Dist. No. 51
Village or City Fort Republic	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FILL MARGE I A device to The	A A
(a) Paridance Na Prox & Rada Illi	01
(a) Residence: No. On Ole Asublic (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Perice the word)	21. DATE OF DEATH  WAY, /3  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  1. 1934, to May 13 1934
6. DATE OF BIRTH (month, day, and year) 2m /2, /9/2	I last saw h_/ 12 alive on Man. 13 ,19-24; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
22 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which	Lulias kremona Mars
work was done, as SILK MILL,  SAW MILL, BANK, etc	<i></i>
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Calvert CO.	Other Contributory Causes of Importance:
(State or country) Zul.	
13. NAME Correling Thanks 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Wallace	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
71/11	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Provident Date 1934	Nature of injury
19. UNDERTAKER LY Dervell	24. Was disease or injury in any way related to occupation of deceased?
- (Address) Lagret	If so, specify
20, FILED 3/15 19 34 & M. 18ing	(Signed) M. D.
/ Registrár.	(Address) Trince Frederick 4
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. S. No. 1

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	-4			
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

NO

OCCUPATI

FATHER

HE

MOT

17. INFORMANT (Address)

19. UNDERTAKER (Address)

20, FILED.

(State or country)

18. BURIAL, CLEMATION, OR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?\_\_\_\_\_

Manner of Injury

Nature of Injury.

If so, specify

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was diseese or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	94:0)
county blueit	Registration Dist. No. 52
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)  Massued	21. DATE OF DEATH  Marcle 5, 193 4  (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cucuna Horney  6. DATE OF BIRTH (month, day, and year) January 15, 1975  7. AGE Years Months Days If LESS than 1 day, hrs.	22. I HEREBY CERTIFY. That I ettended deceased from  11 ast saw h like eine on March 5, 19 54; death is said to have occurred on the date stated above, at a m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	were es follows:  Myscardial Insuffraiency 1938  - Angine Rectails 1/3/34  Find allaste of assigned 1/3/34
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Clauls T. Harvey  14. BIRTHPLACE (city or town)  QUALITY  14. BIRTHPLACE (city or town)	Other Contributory Causes of importance:  A. Classes of importance:  Name of operation
(State or country)  15. MAIDEN NAME Mary Margaret Fraham  16. BIRTHPLACE (city or town) Advance Co.  (State or country)  17. INFORMANT (Address)	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury , 19  Where did injury occur? (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place In Thomps Date march 7, 1954	Manner of injury
19. UNDERTAKER Wilson Seutell- (Address)  20. FILED Masch 7, 1934 WHALLERY	24. Was disease or Injury in any way releted to occupation of deceased?  If so, specify  (Signed)  M. M.

mation should be carefully TION is very important CAUSE OF DEAT -WRITE V. S. No. 1 N. B.

PHYSICIANS should state

OKD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RI

AGE should be

supplied.

ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

certificate.

See instructions on back of

lain terms, so that it may

of OCCUPA-

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
• • • •			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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ARGIN RESERVED FOR BINDING

V. S. No. 1

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KD. Every	YSICIANS	statement	1
KECO	Y. PH	Exact	
-WILL FLAINLY, WITH UNFADING INA-IHIS IS A FERMANENI RECORD. Every II	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
IS A FE	stated E	properly	certificate.
	be	be	Jo
N-I	plnous	t may	back 1
50	AGE s	that i	tions or
ONFAD	supplied.	n terms, se	TION is very important. See instructions on back of certificate.
I, WILH	carefully	'H in plain	ortant. S.
LAINT	onld be	F DEAT	ery imp
4	sh	E 0	is v
- VV IVI	mation	CAUSI	LION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02513
County Calvery	Registration Dist. No.
Village or City Olivet	No. St Ward
(If tength of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	oward
(a) Residence: No.	St,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH march 16 19824
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
(or) WIFE of Pinkey Sovoy Loword	22.   HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	l last saw him alive on morch / 0 1931 daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, atm.
1869 milunin 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, Output SAWYER, BOOKKEEPER, etc	Cordere Degeneration 6/93
To. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Cove Point, Md. (State or country)	Othar Contributory Causes of Importanca:
II 13. NAME William Stoward	
13. NAME William Stoward  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME TO BE TO	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Lendlein Stowerd.  (Address) Dowellow md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Data 19 4	Manner of injury
19. UNDERTAKER W. Y. Sewell (Address) Prince granice and	24. Was disease or injury In any way related to occupation of deceasad?  If so, specify
20. FILED 7 , 19 4 N & S. Co. Co. Registrar.	(Signed) M. D.  (Address) Salomons, m.d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework. write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

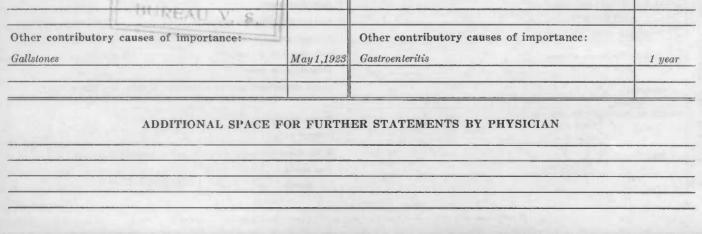
11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECENFR	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	
County Collect	Registration Dist. No. 31
Village or City Lusky	No. St., Ward
Land of million to the second of the second	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME John Johnson	XV
(a) Residence: No. Lus My	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
Male Colored OR DIVORCED (write the word)	
5a. If merried, wildowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Loldow polivore	Feb > 6 1034 to Majell And 30
6. DATE OF BIRTH (month, day, and year) October 15, 189	1 last saw h enc alive on There (1, 1934 death is sel
7. AGE Years Months Days If LESS than	
47 4 28 1 day,t	ITS. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olypuia Manitis well redayed 40/37
9. Industry or business in which	Probably Intersteal Westertas
work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
year) 73 3 occupation Life	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) COMMISSION COLOR	
(State or country)	2
13. NAME John Johnson	L.
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Applia Hickes  16. BIRTHPLACE (city or town) Qulleff to  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) aluey to	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Matthe Jumps (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place White Hay Oate 9 4 , 192	Nature of injury
19 UNDERTAKER LY Dervell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Spece	If so, specify
20 5450 3/14 10 34 AM 1King	(Signed) Lage E
20. FILEO. 19 4 Property	(Address) Type Leavel

If more blanks are needed, address Stole Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B.—WRITE

PHYSICIANS should state

of OCCUPA.

Exact statement

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

item of infor-

IS A PERMANENT RE stated EXACTLY. properly classified.

INIT, WITH UNFADING INK-THIS

ARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

should state Every item of inforof OCCUPA-PHYSICIANS Exact statement A PERMANENT RECORD stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. IS INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be UNFADING be carefully supplied. PLAINLY, WITH mation should -WRITE

BINDING

FOR

ARGIN RESERVED

V. S. No. 1 N. B.—V

1. PLACE O	0		02515
County	alvert		Registration Dist. No. 52
Village or ( Length of res	sidence in city or town where	(	NoSt.,Wall feath occurred in a horpital or institution, give its NAME instead of street and number)  ssds. How long In U.S. if of foreign birth?yrsmosd
(a) Resider	nce: No.		St Ward.
	,	(Usual place of abode)	If nonresident give city or town and State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yéar)
5a. If married, widow HUSBANO of	wed, or divorced		20 LUEDERY CERTIFY THE
(or) WIFE of			1 HEREBY CERTIFY. That I admitted deceased from 19 19 19
DATE OF RIRTH	(month, day, and year)	18/28	I last saw h in alive on Fel 6 194 death is si
7. AGE Yes		Days   If LESS than   1 day,hrs	to have occurred on the date stated above, at
8. Trade, profe kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etcbusiness in which	ufant	Grobably Robar Greenmine 3/13
Work we SAW MII	ss done, as SILK MILL, LL, BANK, etcsed fast worked at upation (month and	11. Total time (years) spant in this	lastillus.
12. BIRTHPLACE (city or town) Ches. Head			Other Contributory Causes of Importance:
(State or cou	intry)	7	
13. NAME	E (city or town) Ches:	Deah	Name of operation
	-1//	10 Jones	What test confirmed diagnosis? Was there an europsy? Was there an europsy?
16. BIRTHPLACE	1-111		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
7. INFORMANT (Address)	Cher. Ber	al	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMAT	TION, OR REMOVAL	g Date Mar. 20 ,1934	Manner of Injury
19. UNDERTAKER (Address)	Charles C	hambers	24. Was disease or injury in any way related to occupation of deceased?
0. FILEO Ma	roh 18, 1954 W.74	Harder & Registrar.	(Signed) Suff Ward M  (Address) Dunn is July

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.
			. 19

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH UCDIT
1. PLACE OF DEATH	95-0
County Calacy	Registration Dist. No. 5-2
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clucking Cleed	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
(or) WIFE of James Ceed.	22. 1 HEREBY CERTIFY, That I ettended deceased from 1933, to March 12 1975
6. DATE OF BIRTH (month, day, end yeer) May 13,1868	Hast saw h. es alive on Masch 10, 1938; deeth Is sald
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, Hausewall SAWYER, BOOKKEEPER, etc.	Thyso Cardine Disease 1919 Chusiculay Fludaline 1833
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Castled Oscary Tensoline Job 1939
12. BIRTHPLACE (city or town) Callett Go (State or country)	Other Contributory Causes of importance:  Automo Aslendres
13. NAME  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT CAMERICAN AND AND AND AND AND AND AND AND AND A	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place of Edward Date My 15, 1934	Manner of Injury
19. UNDERTAKER 1 Sewell Trecleres	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Mar 1/2 , 1939 Jurge Planter	(Signed) M. D.  (Address) Warnell Leadened

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN

1 week ago
1 week ago
3 days ago

rtance:
1 year

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	
SATH A	–	(m)	

02518

1. PLACE OF	F DEATH	-		(BI)	
County	Calver	A		Registration Dist. No. 51	
Village or C	ity Trunce	Fred	erich,	Construct to Thorself St.	Ward
Length of resi	dence in city or town where o	feath occurred	vrsmos	f death occurred in a horpital or institution, give it WAME instead of street and n sds. How long In U.S. if of foreign birth?yrsmo	umber)
2. FULL NAI	7	, (	Pibble	o	sgs.
(a) Residen		TA			
(a) Resident	ce: No.	(Usual place	of abode)	Ward.  If nonresident give city or town and	State
	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH	.24
Temple	White	assor	loved	(Month) (Day)	(Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	D.		22. 1 HEREBY CERTIFY, That I attended d	laceseed from
(01) 11112 01	John!	Lippl	0	, 19 to Men.	
6. DATE OF BIRTH	month, day, and year)	arch 10,18	68	I last saw her alive on war. 16, 19 34	; death is said
7. AGE Yee	rs Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
61		6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oats of onset
8. Trade, profes	ork done, as SPINNER,	est as	ne si		
a Salndustry or h	BODKKEEPER, etc.		-/	Mema	3/15/25
SAW MILI	done, es SILK MILL, L, BANK, etc				
- tino occup	pation (month and	11. Total tir	t in this		
year)		occu;	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city		4		Chronic frephants	
(Stete or coun	0 • /	0		- Hyperteligion	
13. NAME 14. BIRTHPLACE	mes smit	- <u>K</u>		Springling artin solvon	
14. BIRTHPLACE (State or				Name of operation	
		2		What test confirmed diagnosis? Was there an au	
15. MAIDEN NAM		- Cunt		23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
State or		•		Where did injury occur?	
17. INFORMANT Trapettal Meson			el	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLAC	CE.
18. BURIAL, GREMATI	ON, OR REMOVAL	3/10	a 11/	Manner of Injury	
Plantque	y of or	Date/	, 1927	Nature of injury	
19. UNDERTAKER	1. 12. Wips	perl		24. Was disease or injury in any way related to occupation of deceased?	
(Address)	I Falto., h	Ad.		If so, specify	
20. FILED 7 16	, 1934	X. M. V	Tues	(Signed) J. Janes	M. Dy
/			Registrar.	(Address) (Mull Fielders	la und

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run aver by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run aver by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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2

2

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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B.

Date of onset

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	1		

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